PROVIDER REQUEST FOR COURSE APPROVALS FOR SEMINARS, WORKSHOPS, CONFERENCES

Instructions:
1. Please complete and submit a course approval application for each course offered in the seminar, workshop or conference that you wish to receive NHAP credit for.
2. Please enclose a **$15.00 fee** (payable to NHAP) for **each** course you are requesting NHAP credit for.
3. Submit form(s) to **NHAP, P. O. Box 997416, MS 3302, Sacramento, CA 95899-7416**
4. Application for course approval must be submitted and received by NHAP 30-days prior to course date. Courses received less than 30-days prior to course date will be denied.

PLEASE PRINT OR TYPE

NAME OF CONTACT PERSON/PROVIDER AND NUMBER		TELEPHONE NUMBER	
ORGANIZATION SPONSORING(IF APPLICABLE):			
PUBLIC ADDRESS OF RECORD *(STREET AND NUMBER)*	*(CITY)*	*(STATE)*	*(ZIP CODE)*
TITLE OF SEMINAR, WORKSHOP OR CONFERENCE:		PROVIDER E-MAIL ADDRESS / WEBPAGE	
DATE(S) OFFERED	TOTAL CLASS HOURS	UNITS *(SEMESTER/QUARTER)*	

VARIABLE HOURS *(MIN. / MAX. HOURS A PARTICIPANT CAN RECEIVE)* _____ MINIMUM _____ MAXIMUM	☐ 1 DAY ☐ 2 DAY ☐ 3 DAY ☐ 4 DAY ☐ 5 DAY *(OR MORE)*
TYPE OF OFFERING *(SEMINAR, CONFERENCE, WORKSHOP, ETC.)* ☐ SEMINAR ☐ WORKSHOP ☐ CONFERENCE ☐ OTHER *(DESCRIBE BELOW)*	SEMINAR/WORKSHOP OR CONFERENCE OBJECTIVE:

SEMINAR / CONFERENCE / WORKSHOP CONTENT:

☐ RESIDENT CARE
☐ PERSONNELL MANAGEMENT
☐ FINANCIAL MANAGEMENT
☐ ENVIRONMENT MANAGEMENT

☐ REGULATORY MANAGEMENT
☐ ORGANIZATIONAL MANAGEMENT
☐ PATIENT CARE AND AGING
☐ ADMINISTRATION, LEADERSHIP, MANAGEMENT
☐ OTHER (EXPLAIN)

NUMBER OF COURSES OFFERED IN THE SEMINAR, CONFERENCE, OR WORKSHOP

NUMBER OF COURSE APPROVAL REQUESTS ATTACHED

TOTAL FEE ENCLOSED $ _____

*Maintenance of the information requested on this application form is authorized by Section 1416.50 of the Health and Safety Code. No items of information are voluntary; all are required. **Failure to provide any of the required information or to submit 30-days prior to seminar, workshop or conference will result in the application being rejected as incomplete.***

SIGNATURE OF APPLICANT	DATE
NAME/TITLE *(PRINT)*	

State of California – Department of Health Services   Nursing Home Administrator Program

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR NHAP USE ONLY

Your request for course approval has been reviewed by Program staff and the following decision has been made:

☐ The number of courses approved for general (G) credit _____, and number of hours _____.

☐ The number of courses approved for Patient Care or Aging (P) _____, and number of hours _____.

☐ The number of courses approved for half credit because it is in an allied field.

☐ NHAP credit is denied. See enclosed letter.

☐ Patient care/aging hours identified in break-out sessions. See enclosed letter.

NHAP SEMINAR NUMBER	APPROVED BY	HOURS APPROVED
COURSE APPROVAL EXPIRATION DATE	DENIED BY	DATE

FOR NHAP OFFICE USE ONLY			
CASH. #_____	STATUS ☐ Approved ☐ Rejected		
NHAP INITIALS	☐ Resume(s)	☐ Agendas	
AMOUNT	☐ $15.00 Fee for each course	Number of courses offered	
	STAFF	DATE PROCESSED	

THIS FORM MAY BE DUPLICATED